MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND.	1					
TOTAL DEP.	6					
TOTAL CLAIMS	2					

		IND	DEP	IND	DEP	IND	DEP
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							